Indiana State Department of Health

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SU	(X3) DATE SURVEY	
F CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
				c		
004017		B. WING		01/21/2015		
ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
CHRISTINA PLACE 1435 CHRISTIAN BLVD						
FRANKLIN, IN 46131						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
0 INITIAL COMMENTS		R 000				
This visit was for the Investigation of Complaint IN00162152.						
Complaint IN00162152 - Substantiated. No deficiencies related to the allegations are cited.						
Survey dates: January 20 & 21, 2015						
Facility number: 004 Provider number: AIM number:	017 004017 N/A					
Survey team: Diana Zgonc, RN-TC						
Census bed type: Residential 59 Total: 59						
Census payor type: Other: 59 Total: 59						
Sample: 3						
with 410 IAC 16.2-5 in	regard to the Investigation					
Quality Review 01/22	2/15 by Lisa McColly					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT)  INITIAL COMMENTS  This visit was for the I IN00162152.  Complaint IN00162153 deficiencies related to Survey dates: January 20 & 21, 201  Facility number: 004 Provider number: AIM number: Survey team: Diana Zgonc, RN-TC  Census bed type: Residential 59 Total: 59  Census payor type: Other: 59 Total: 59  Sample: 3  Christina Place was for with 410 IAC 16.2-5 in of Complaint IN00162	OUNT DENTIFICATION NUMBER:  OUNDER OR SUPPLIER  A PLACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for the Investigation of Complaint IN00162152.  Complaint IN00162152 - Substantiated. No deficiencies related to the allegations are cited.  Survey dates: January 20 & 21, 2015  Facility number: 004017  Provider number: 004017  AIM number: N/A  Survey team: Diana Zgonc, RN-TC  Census bed type: Residential 59 Total: 59  Census payor type: Other: 59 Total: 59	TOURIDER OR SUPPLIER  OUTPUT  OUTPUT	F CORRECTION  DENTIFICATION NUMBER:  004017  B. WING  B. WING  DENTIFICATION NUMBER:  A PLACE  STREET ADDRESS, CITY, STATE, ZIP CODE  1435 CHRISTIAN BLVD  FRANKLIN, IN 46131  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for the Investigation of Complaint IN00162152 - Substantiated. No deficiencies related to the allegations are cited.  Survey dates: January 20 & 21, 2015  Facility number: 004017 Provider number: 004017 AIM number: N/A  Survey team: Diana Zgonc, RN-TC  Census bed type: Residential 59 Total: 59  Census payor type: Other: 59 Total: 59  Sample: 3  Christina Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00162152.	F CORRECTION DENTIFICATION NUMBER:    Doublet or Supplier   STREET ADDRESS, CITY, STATE, ZIP CODE	

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE